**2019-2020 New Registration Form for grades K-8
Formulario de Nueva Inscripcion para Kinder-Octavo Grado 2019-20**

**Office Use Date \_\_\_/\_\_/\_\_\_\_Amount\_\_\_\_\_\_Ck#\_\_\_\_\_\_\_Grade\_\_\_\_ Bapt Cert 🗆 Comm Cert 🗆**

**Please print/Por favor escribe en molde Family Parish Number \_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Numero Parroquial de la Familia**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Child’s Last Name/ Appelido del Niño/a Child’s First Name/Nombre del Niño/a**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address/Domicilio City/Zip Code/ Ciudad y Codigo Postal**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Family Last Name (if different from child) Home Phone Number/Nùmero de Telèfono
Apellido de Familia (si es diferente del estudiante)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Living Deceased
Father’s Last Name/Apellido del Padre Father’s Name/Nombre del Padre Vive Difunto**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Father’s Religion/Religión del Padre Daytime Phone/Teléfono de día Evening Phone
 Teléfono de noche**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Living Deceased
Mother’s Maiden Name/Nombre de Soltera Mother’s First Name/Nombre de La Madre Vive Difunta**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Mother’s Religion/Religión de la Madre Day Time Phone/Teléfono de dia Evening phone
 Teléfono de noche**

**Parent/s Marital Status/Estado Civil de Los Padres:**

**Married in the Roman Catholic Church 🗆 Civil Marriage 🗆 Divorced 🗆 Separated 🗆 Single 🗆**

**If married in the Catholic Church: Date of Marriage \_\_\_ / \_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Church Name City/State
 Nombre de Iglesia Ciudad/Estado**

**I attend Mass with my child at Corpus Christi Parish: 1 2 3 4 times a month (Please circle one)
Asisto a Misa con mi hijo/a en la Parroquia Corpus Christi: 1 2 3 4 veces al mes. (Marque el indicado)**

**Medical Release/Autorización Medica**

I hereby give my permission and intend that daughter(s)/son(s) named above, should receive treatment to be selected by the adults in charge, should any injury or illness occur between the dates of June 1, 2018 and May 30, 2019.

Por la presented doy permiso y entiendo que mi hijo/a nombrado, reciba tratamiento seleccionado por los adultos encargados, en caso de que hubiera una herida/enfermedad entre las fechas del 1 de Junio, 2018 y el 30 de May, 2019.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent’s Signature Date/Fecha Doctor/Medical Group
Firma del los Padres Doctor/Grupo Medico**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Please list any allergies or medications/Por favor anote alergias o medicamentos**

**1**

**Child’s Information (BOTH: New Registration and Child’s Information must be completed)**
**Información del Estudiante (Ambos formularios de Nueva Inscripción e Información del Estudiante tendrán que estar completos).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_
Date of Birth Place of Birth (City/State) Age/Edad
Fecha de Nacimiento Lugar de Nacimiento (Ciudad/Estado)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School is: Year-round 🗆 Traditional 🗆 \_\_\_\_\_\_\_\_\_\_\_\_
School 2018-2019 La escuela es: Año escolar o Tradicional Grade/Grado
Escuela 2018-2019**

**Religious Education History/Historia de Educación Religiosa**

**Number of years child has received religious education \_\_\_\_ Church attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Numero de años de educación religiosa que ha recibido el estudiante y el nombre de la iglesia**

**Last year child attended religious education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Ultimo año que el estudiante asistio clases en educación religiosa Ciudad/Estado**

**Sacramental Record/Registro Sacramental**

**Baptism/Bautismo**

**\_\_\_/ \_\_\_\_/ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date/Fecha Church/Iglesia Address/City/State/Zip
 Domicillo Ciudad/Estado/C.P**

**First Communion/Primera Comunion**

**\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date/Fecha Church/Iglesia Address/City/State/Zip
 Domicillo Ciudad/Estado/C.P**

**Has your child received Reconciliation (Confession): Yes / No Confirmation: Yes / No
Ha recibido el estudiante Reconciliación (Confesion): Si / No Confirmación: Si / No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration fee for ONE CHILD is $120. There is a $60 fee for each additional child. The fee for First Communion is $30 for each additional child.**

**El costo de inscripción para el primer estudiante es $120. Para cada estudiante adicional $60. Costo de Primera Comunion $30 para cada estudiante adicional.**

**2**